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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number

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Examiner Name

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Attorney Docket Number

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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Woodcock Washburn, LLP		
Signature	/David B. Hoffman/		
Printed name	David B. Hoffman		
Date	December 16, 2008	Reg. No.	62,835

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